

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S98272

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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50

TOTAL
IND.

4

26

30

TOTAL
DEP.

26

TOTAL
CLAIMS

AS FILED

AFTER
1ST AMENDMENT

AFTER
2ND AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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100

TOTAL
IND.

IND. DEP.

IND. DEP.

TOTAL
DEP.

IND. DEP.

IND. DEP.

TOTAL
CLAIMS